

NATIVE VILLAGE OF NOATAK 1 MAIN ST. | P.O BOX 89 NOATAK, AK 99761 (907) 485-2172 | ext. 17

tristen.ashby@nautaaq.org

BURIAL ASSISTANCE APPLICATION

The Native Village of Noatak provides burial assistance to an eligible family member applying for assistance for self, or on behalf of deceased. Eligibility is defined as a member that falls under Tribal Member Status within Native Village of Noatak.

A W-9 form must be submitted with this completed form.

Deceaed Information	donneted with this completed form		
Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Date of Death: month/day/year			
Application Informati	ion		
Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Relationship to Deceased		Social Security Number	
Address	City	State	Zip
Telephone Number			
Signature		Date	
Office Use			
□ Approved in the amount of \$		☐ Denied	1
Tribal Administrator Date:		. A	
Revised 4/12/2024		-1	